



12. There was disclosure in writing or verbally regarding the conflict of interest or lack thereof declared by planners & presenter(s) or content specialists. .... ☐ Yes ☐ No

**Educational Activity Evaluation:** Objectives related to overall purpose. ☐ Yes ☐ No

*Describe the basis for school nurse consultation practice within the regulated scope of nursing, as found in national consensus statements, state regulations, and professional literature. Explore related topics through discussion and case studies: theoretical models, purpose and goals, quality assurance, liability, and ethical dilemmas.*

### TELEHEALTH SYSTEM EVALUATION:

Please identify the location where you are attending this telehealth session:

How many are present at your location today?

- |  |   |   |   |   |   |     |
|--|---|---|---|---|---|-----|
| 1. The use of the telehealth system was conducive to my learning.                          | 5 | 4 | 3 | 2 | 1 | N/A |
| .....  |   |   |   |   |   |     |
| 2. The picture quality of this session was satisfactory.                                   | 5 | 4 | 3 | 2 | 1 | N/A |
| .....  |   |   |   |   |   |     |
| 3. The sound quality of this session was satisfactory.                                     | 5 | 4 | 3 | 2 | 1 | N/A |
| .....  |   |   |   |   |   |     |
| 4. I am very likely to use the telehealth system again for my professional learning needs. | 5 | 4 | 3 | 2 | 1 | N/A |
| .....  |   |   |   |   |   |     |

Comments:

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Please make comments about the program below:

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Please make suggestions for future activities and speakers below:

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*Thank you for your participation!*